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PTO/SB/81 (02-01)
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/530,723
Filing Date	5-2-2000
First Named Inventor	Holt
Title	Method and system for Routing Service calls..
Group Art Unit	2743
Examiner Name	Not Assigned
Attorney Docket Number	97055

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Name	Registration Number
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☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Jacqueline Gregorski, VP Patent Trademark Procurement, BellSouth Intellectual Property Corporation

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/530,723
Filing Date	5-2-2000
First Named Inventor	Holt
Group Art Unit	2743
Examiner Name	Not Assigned
Attorney Docket Number	97055

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☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name

Jacqueline Gregorski VP Patent Trademark Procurement BellSouth Intellectual Property Corp.

Signature

Jacqueline Gregorski

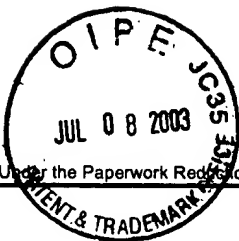
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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Holt et al
Application No./Patent No.: 09/536,723 Filed/Issue Date: 5-2-2000
Entitled: Vice President Patent Trademark Procurement Method + System for Routing Calls
BellSouth Intellectual Property Corporation, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 108344 Frame 940, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

6-23-03
Date

Jacqueline Gregorski
Typed or printed name
Jacqueline Gregorski
Signature
Vice President Patent Trademark Procurement
Title



2743
2643

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/530,723	
	Filing Date	05/02/2000	
	First Named Inventor	Holt	
	Art Unit	2743	
	Examiner Name	Not Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	0201-97055

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73(b)
<div>Remarks</div> <div>RECEIVED JUL 11 2003 Technology Center 2600</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Nora M. Tocups
Signature	<i>Nora M. Tocups</i>
Date	7/3/03

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Nora M. Tocups		
Signature	<i>Nora M. Tocups</i>	Date	7/3/03

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